

SERIAL NO. 09/674717 FILING DATE 01-09-1999  
APPLICANT(S)

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)					
CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/		
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50					
TOTAL IND.	13	↓	11	↓	
TOTAL DEP.	25	↔	22	↔	
TOTAL CLAIMS	39		33		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY